

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 --- 0 4

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.10(6)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A, Page 10gg

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION  
OR ATTACHMENT (If Applicable):

3.1-A, Page 10gg

10. SUBJECT OF AMENDMENT:

Enroll school districts in Medicaid to provide EPSDT Services for speech, physical or occupational therapy when medical necessity is documented in the Individualized Education Program (IEP).

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *CC*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Steve Roling

14. TITLE:

Director

15. DATE SUBMITTED:

3/21/03

16. RETURN TO:

Department of Social Services  
Division of Medical Services  
615 Howerton Court  
P.O. Box 6500  
Jefferson City, MO 65109

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

03/24/03

18. DATE APPROVED:

*MAY 06 2003*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & Children's Health

23. REMARKS:

cc:  
Roling  
Vadner  
Waite  
CO  
DSG/DIATA

SPA CONTROL

Date Submitted: 03/21/03

Date Received: 03/24/03

State Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services (cont.)

PSYCHOLOGY/COUNSELING PROGRAM:

Medically necessary psychological/counseling services are covered for individuals under the age of 21 years when the need for the services is discovered through an EPSDT screening service and provided by a licensed psychologist, licensed social worker or licensed professional counselor. Some services require prior authorization to determine the medical necessity of the service recommended.

Psychology/counseling services include the following:

- Assessment
- Testing
- Crisis Intervention
- Individual Therapy
- Family Therapy
- Group Therapy

THERAPY PROGRAM (HCY):

School districts may be enrolled in Medicaid to provide the EPSDT services of speech, physical or occupational therapy, when the medical necessity for any or all services is documented in eligible Medicaid children's Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA) meeting the above defined Therapy Program guidelines.

Physical Therapy: Physical therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment related to range of motion, muscle strength, functional abilities and the use of adaptive/therapeutic equipment. Activities include but are not limited to rehabilitation through exercise, massage, the use of equipment and therapeutic activities.

Splinting and casting is a covered service when provided by a licensed physical therapist when medically necessary for the treatment of a patient (includes supplies and fabrication time).

Occupational Therapy: Occupational therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment services. Typical activities related to occupational therapy are: perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques related to improving motor development.

State Plan TN No.: 03-04  
Supersedes TN No.: 01-42

Effective Date: January 1, 2003  
Approval Date: MAY 06 2003

State Missouri

Occupational Therapy (cont'd):

Splinting and casting is a covered service when provided by a licensed occupational therapist when medically necessary for the treatment of a patient (includes supplies and fabrication time).

Speech/Language Therapy:

Speech/language services are a covered service when provided by a licensed speech pathologist or by a Department of Elementary and Secondary Education (DESE) certified speech therapist who is certified to provide speech/language services as a school district employee. Speech/language therapy is the evaluation and provision of treatment of the remediation and development of age appropriate speech, expressive and receptive languages, oral motor and communication skills. Speech treatment includes activities that stimulate and facilitate the use of effective communication skills. Speech/language therapy includes treatment in one or more of the following areas: articulation, language development, oral motor/feeding, auditory rehabilitation, voice disorders and augmentative communication modes.

The Missouri Department of Elementary and Secondary Education, as this state's lead agency for the provision of early intervention services consistent with the requirements of the Individuals with Disabilities Education Act, will act as an organized health care delivery system for the provision of physical, occupational, and speech therapy services for young children aged birth to 36 months.

State Plan TN No. 03-04  
Supersedes TN No. 01-42

Effective Date: January 1, 2003  
Approval Date: MAY 06 2003